

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

SERIAL NO. **09/936 957**

FILING DATE

APPLICANT(S)

12/21/05

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2	1					
3	1					
4	1		1			
5	1		1			
6	1		1			
7	1					
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	1		1			
33	1					
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	1					
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10		11			
TOTAL DER.	28	2	23	2		
TOTAL CLAIMS	38		34			

NO.	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS